



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**Georgia Department of Community Service**  
Contracts Administration  
2 Peachtree Street, NW, 35<sup>th</sup> Floor  
Atlanta, Georgia 30303-1519  
Phone Number: 404-657-8979  
Fax Number: 404-656-4988

**Request for Proposal Number:** **419-03-00381**

**Addendum Number:** **02** **Dated:** **April 14, 2004**

**Commodity or Service:** Child Diabetes Management Services

**RFP Initially Mailed/Posted to Internet:** **April 5, 2004**

**Purchasing Agent:** **Joseph Johnson** **Telephone No.** **(404) 657-8979**

**RFP Due Date:** **April 27, 2004** **Time:** **2:00:00 PM EDT**

This addendum is issued to require all Offerors to answer the question as stated below:

Are you currently engaged in any contract(s), to your knowledge, with an existing DCH vendor(s) or do you have a principal interest with any business owned or not owned by current DCH vendors? Please state in detail your association to the contract(s). The Offeror must add the response to this question to Appendix B as Section 9 (3).

All other items remain the same.

**NOTE PLEASE REVIEW CAREFULLY!**

In the event of a conflict between previously released information and the information contained herein, the latter shall control.

**NOTE: A signed acknowledgment of this addendum (this page) should be attached to your RFP response. A signature on this addendum does not constitute your signature on the original RFP document. The original RFP response must also be signed in the proper places.**

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Firm Name

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Signature

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Typed Name and Title

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Date